

**CV12****A COST-EFFECTIVENESS ANALYSIS OF ACE INHIBITOR TRANDOLAPRIL AS A PREVENTATIVE TREATMENT OF HEART-FAILURE PROGRESSION**Lilliu H<sup>1</sup>, Le Pen C<sup>1</sup>, Lamiraud K<sup>1</sup>, Wittenberg W<sup>2</sup><sup>1</sup>Clp-santé, Paris, France; <sup>2</sup>ABBOTT GmbH & Co KG, Ludwigshafen, Germany

**OBJECTIVES:** This study aimed at performing an economic analysis in an American setting of the use of Angiotensin Converting Enzyme (ACE) inhibitor trandolapril in postinfarction patients as a preventative agent of heart failure (HF) progression, based on the TRACE trial's individual data. **METHODS:** The TRACE study was a prospective placebo-controlled clinical trial designed to determine the long-term effect of trandolapril in postinfarction patients with left ventricular dysfunction. 1749 patients were followed from 1992 to 1995. Our analysis was incremental and was conducted from a Payer Perspective in a US setting. Unit costs were attached to the use of resources (mean costs per Diagnosis Related Groups for hospitalizations and Average Wholesale Prices for concomitant drugs). The primary effectiveness criterion was the progression of HF as defined in the clinical trial, i.e. death from HF or hospitalization for HF or HF necessitating open-label ACE inhibitor administration. Uncertainty surrounding the estimate of the CE ratio was taken into account through a non-parametric bootstrap analysis. **RESULTS:** Trandolapril cost amounted to US\$550 and concomitant drugs were valued to US\$2386 for trandolapril treated patients versus US\$1975 for placebo treated patients. On the other hand, hospitalizations cost was US\$6671 for trandolapril patients versus US\$7979 for placebo patients. The total mean medical cost was slightly lower in the active therapy group, US\$9607 versus US\$9954,  $p = 0.5305$ . 14.04% of trandolapril patients versus 19.70% of placebo patients experienced a HF progression,  $p = 0.003$ . Among 5,000 bootstrap re-samples, ACE inhibitor therapy was cost saving in 66.7% of the cases and cost-effective in 33.3%. The cost per avoided HF progression reached US\$8860 among the samples with both cost and effectiveness differentials positive. **CONCLUSIONS:** These results obtained in an American setting could be considered as highly cost-effective. From a methodological standpoint, it raises the issue of CE analysis when cost differentials are close to zero.

**PRESCRIBING STUDIES****RX1****PRESCRIPTION DRUG INFORMATION: A SURVEY OF THE GENERAL POPULATION IN SPAIN**Badia X<sup>1</sup>, Magaz S<sup>2</sup>, Gutierrez L<sup>2</sup><sup>1</sup>Health Outcomes Research Europe Group, Barcelona, Spain;<sup>2</sup>Health Outcomes Policy and Economics, Barcelona, Spain

Controversy exists on the possible relaxation of the EU regulations on the prescription drug information given directly to patients, and Europeans have the right to voice their opinions. **OBJECTIVES:** To know the views of the Spanish population on currently available prescription drug information and additional information they would like access to. **METHODS:** A population-based telephone survey of 1069 people over 15 and representative of the Spanish population was conducted between February and March 2003. The sample was randomly selected using proportional stratified sampling by age, gender and Autonomous Regions, according to the Spanish National Statistics Institute data for these variables. The questionnaire was elaborated based on a review of the legislation and literature and on a focus group made up of representatives who provide medical information to patients. **RESULTS:** The general population normally receives information on prescription drugs from package inserts (75.9%), physicians (54.9%), pharmacists (17.4%) or nurses (6.7%). Other possible sources of information (medical journals, Internet, patient associations, family/friends) are consulted by less than 3% of the population. Furthermore, only 11.6% of the Spanish population state that their physicians provide them with information on alternative prescription drugs, so that patients feel incapable of exercising their right to participate in treatment selection. A total of 45.9% of the population would like their physicians to provide written information (leaflets) on drugs prescribed, and 52.9% demand greater access to prescription drug information from sources other than Health care professionals. A total of 45.6% think that pharmaceutical companies should be allowed to provide reliable, comprehensive and supervised information on their prescription drugs, through leaflets handed out by physicians or pharmacists. The perceived benefits outweigh the perceived risks. **CONCLUSIONS:** The general population in Spain state that they are insufficiently informed on prescription drugs and are interested in gaining access to wider high-quality information, including that from the pharmaceutical industry.

**RX2****CHARACTERIZATION OF POLYPHARMACY ISSUES AND SUBSEQUENT INTERVENTION IN A POPULATION OF ELDERLY COMMUNITY-DWELLING INDIVIDUALS**Weishaar R<sup>1</sup>, Erwin G<sup>2</sup>, Dybic S<sup>2</sup>, Molotsky S<sup>2</sup><sup>1</sup>Omnicare Clinical Research, Troy, NY, USA; <sup>2</sup>Omnicare Senior Health Outcomes, King-of-Prussia, PA, USA

**OBJECTIVES:** To identify and characterize medication-related issues among elderly community-dwelling individuals with polypharmacy. To contact physicians about advancing quality care through modification of complex drug regimens, either by eliminating unnecessary drugs or by revising therapy to reflect standards of practice. **METHODS:** An intervention program was conducted in retirees from a large corporation. Individuals with 9 or